| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  interpretation or Docket Number  H / M 0 / 2  9 / 936, 883 |   |   |                                      |                      |                                 |  |              |                   |                        |                               |                     |                        |    |
|--|---|---|--------------------------------------|----------------------|---------------------------------|--|--------------|-------------------|------------------------|-------------------------------|---------------------|------------------------|----|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                                      |                      |                                 |  |              | SMALL ENTITY TYPE |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |    |
| TOTAL CLAIMS   |   |   |                                      |                      |                                 |  | RAT          | Έ                 | FEE                    |                               | RATE                | FEE                    |    |
| FOR  |   |   | NUMBER FILED                         |                      | NUMBER EXTRA                    |  | BASIC        | FEE               | 355.00                 | OR                            | BASIC FEE           | 712.00                 | 80 |
| TOTAL CHARGEABLE CLAIMS  |   |   | / 8 minus 20=                        |                      | •                               |  | X\$ :        | <del></del>       |                        | OR                            | X\$18=              |                        |    |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =                          |                      |                                 |  | X40          | ) <u> </u>        |                        |                               | X80=                | ,                      |    |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                               |                      |                                 |  |              |                   |                        | OR                            |                     |                        |    |
| * 16   | the difference i  | n column 1 io                             | loss than 70                         | ro onto              | "O" in column 2                 |  | +13          |                   |                        | OR                            | +270=               |                        |    |
| - 11   |   |   | ess than zero, enter "0" in column 2 |                      |                                 | Olumn Z                                | тот          | AL                |                        | OR                            | TOTAL               | 800                    |    |
|  | CL  | .AIMS AS A<br>(Column 1)                  | MENDED                               | - PAR<br>(Colu       |                                 |  | SMA          | SMALL ENTITY      |                        | OTHER THAN OR SMALL ENTITY    |                     |                        |    |
| ENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVI |                                 | PRESENT<br>EXTRA                       | RAT          | Έ                 | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |    |
| AMENDMENT  | Total   | • 17                                      | Minus                                | 1                    | В                               | =                                      | X\$ :        | <del>)</del> =    |                        | OR                            | X\$18=              |                        |    |
| MEN  | Independent   | • 3                                       | Minus                                | ***                  | 3                               | =                                      | X40          | ) <u> </u>        |                        | OR                            | X80=                |                        |    |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                  |   |                                      |                      |                                 |  |              |                   |                        |                               | 970                 |                        | ł  |
|  |   |   |                                      |                      |                                 |  | +13          | D=<br>OTAL        |                        | OR                            | +270=<br>TOTAL      | <u> </u>               |    |
| •  | • •.  |   |                                      |                      |                                 |  | ADDIT.       |                   |                        | OR                            | ADDIT. FEE          |                        |    |
|  |   | (Column 1)<br>CLAIMS                      |                                      |                      | imn 2)<br>HEST                  | (Column 3)                             |              |                   |                        | 1                             |                     | 1                      |    |
| AMENDMENT B  | 3   | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUM<br>PREV          | MBER<br>HOUSLY<br>D FOR,        | PRESENT<br>EXTRA                       | RAT          | ſΕ                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |    |
| MON  | Total   | · 16                                      | Minus                                | •• }                 | в                               | =                                      | X\$          | 9=                |                        | OR                            | X\$18=              |                        | Ì  |
| ME   | Independent   | . 4                                       | Minus                                | ***                  | 3                               | - 1                                    | X40          | )=                |                        | OR                            | X80=                | 80                     | 1  |
| 4  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP                          | PENDEN               | TCLAIM                          |  | +13          | 5=                |                        | OR                            |                     |                        |    |
|  |   |   |                                      |                      |                                 |  | TO<br>ADDIT. | OTAL              |                        | OR                            | TOTAL<br>ADDIT, FEE |                        | 1  |
|  |   | (Column 1)                                |                                      | (Colu                | ımn 2)                          | (Column 3)                             | ADDIT.       |                   |                        |                               |                     |                        | 1  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                       | RA           | ſΕ                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |    |
|  | Total   | •   | Minus                                | **                   | •                               | =                                      | X\$          | 9=                |                        | OR                            | X\$18=              |                        |    |
| ME   | Îndependent   | •   | Minus                                | ***                  |                                 | =                                      | X40          | )=                |                        | 1                             | X80=                |                        | 1  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                  |   |                                      |                      |                                 |  |              |                   |                        | OR                            | +270=               |                        | 1  |
|  | If the entry in colur   | nn 1 is less than 1                       | he entry in colu                     | mn 2, wri            | te "0" in co                    | olumn 3.                               | +13          | D=<br>DTAL        |                        | OR                            | TOTAL               |                        | -  |
| **   | If the "Highest Nur<br>"If the "Highest Nur<br>The "Highest Num | mber Previously P<br>mber Previously F    | aid For" IN THI                      | S SPACE              | is less the                     | an 20, enter "20."<br>an 3, enter "3." | ADDIT.       | FEE               |                        | OR<br>x in c                  | ADDIT. FEE          |                        | 1  |